

Entered - 12-01-00 - sb
CL 00L0731 - GWENDOLYN BURNS

CLAIM OF: GEICO as subrogee of Alicia Richardson
One Geico Center
Macon, Georgia 31296-0001

01-K-0261

For damages alleged to have been sustained as a result of a automobile accident on August 2, 2000 at Lenox Road and Piedmont Road.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **GEICO as subrogee of ALICIA RICHARDSON** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of a automobile accident on August 2, 2000 at Lenox Road and Piedmont Road as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY:


ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0731

Date: February 15, 2001

Claimant /Victim ALICIA RICHARDSON

BY: (Atty) (Ins. Co.) GEICO DIRECT

Address: One Geico Center, Macon, Georgia 31296-0001

Subrogation: X Claim for Property damage \$ 2,109.10

Bodily Injury \$

Date of Notice: 11/16/00 Method: Written, Proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 8/2/00 Place: Lenox Road, NE & Piedmont Road, NE

Department POLICE Division

Employee involved Steven Heath Nichols Disciplinary Action: Verbal Admonishment

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was stuck by a city police vehicle that failed to "obey a traffic control device". The City employee was cited for same.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR, GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 02-15-01

Committee Action: _____ Council Action _____



1-800-841-3000

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company
- Criterion Insurance Agency, Inc.
(Colonial County Mutual Ins.)

BURNS
11/28/00
DB

ONE GEICO CENTER
MACON, GEORGIA 31296-0001

November 9, 2000

ENTERED - 12-1-00 - SB
00L0731 - GWEN BURNS

City Of Atlanta Clerk Of Council
55 Trinity Ave. SW
Atlanta, GA 30335-3520

CLAIM NUMBER: C138873130101012
INSURED: Alicia Richardson

LOSS DATE: 08/02/00

YOUR CLAIM NUMBER: Unk
YOUR INSURED: City Of Atlanta

GEICO INDEMNITY AMOUNT: \$1,609.10
PLUS INSURED'S DEDUCTIBLE: \$500

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Dear City Of Atlanta Clerk Of Council:

We request that you please review this claim, approve it and forward prompt payment to us. The pertinent file material is enclosed. Please indicate our claim number on your check and make the check payable to GEICO INDEMNITY COMPANY as subrogee of Alicia Richardson.

This letter will serve as notice of our payment recovery claim and constitutes a sincere effort to settle as required by conditions precedent to arbitration as stated by the Automobile and Property Subrogation Arbitration Agreement.

Very truly yours,

CRYSTAL BRASWELL S752B

PAYMENT RECOVERY UNIT 800-841-9160 x5231
GEICO INDEMNITY COMPANY

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Claim form will be forward to you soon.

01-R-0261

PLEASE REFER TO OUR CLAIM NUMBER WHEN
WRITING OR CALLING ABOUT THIS CLAIM

SL6

CLL14